

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Mexus Services, Inc.
10045 Aeronca Lane
McKinney, Texas 75071

Application for a certificate of
prepaid calling service provider authority
in (list specific area) in the
State of Illinois.

: 05-0388
:
:
:
:
:

APPLICATION TO OBTAIN A
"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # 75-2829019
Mexus Services Inc. _____

Address: Street 10045 Aeronca Lane _____

City McKinney _____ State/Zip Texas 75071 _____

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

1-877-507-3555 & 1-800-874-3146 _____

3. In what area or areas of the state does the Applicant propose to provide service?

All areas _____

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

See last page

- a) Issues related to processing this application
- b) Consumer issues
- c) Customer service complaint resolution

- d) Technical and service quality issues and compliance with service quality standards and remedies
- e) "Tariff" and pricing issues
- f) Security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

5. Please check type of organization.

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed July 12, 1999
In what state? Texas
☐ Other (Specify)

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s).

The United States

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully.

10. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list.

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

☐ YES ☒ NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms.

The managerial and technical resources group have over 150 combined years of expertise in the field of prepaid and network services. The three officers have been in the prepaid industry since 1990. Beginning in marketing and distribution from a retail standpoint and then to wholesale distribution. For the last 7 years they have been providing product for wholesale distribution in the United States and Mexico of its own product and processing for private label customers.

13. List officers or principals of Applicant.

Shawn K. Lane _____

Patrick Crean _____

R. Steven Bell _____

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? ____ YES ____X__ NO

If YES, list entity. _____

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

The Company provides customer service 24 hours a day, 7 days a week. Our representatives are authorized to handle any and all complaints immediately. Including, but not limited to, credits, adding time back on card, rate issues, verification of completion of call, busy signal and ring no answer. In the years that we have been in business we have never had a user escalate to the level of filing any type of complaint.

16. Does Applicant currently maintain service quality standards?

__X__ YES _____ NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified.

We maintain an ARS level of service not to derogate below 70%. Customer complaints are handled as the caller is on line with customer service to the caller's satisfaction.

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? ____X__ YES _____ NO

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

_972-346-9117_____

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

_____ YES __X__ NO

FINANCIAL

20. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

21. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which underlying carrier's facilities does the Applicant intend to use?

☒ United Prepaid Network

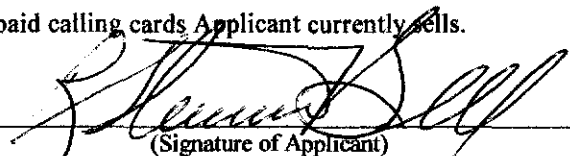
22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

☒ Prepaid Phone Cards for domestic and international use (See Attached Posters)

23. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of TEXAS)
County of Collin)ss

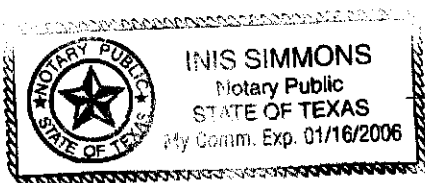
R. Steven Bell makes oath and says that he is CEO/Partner
(Insert here the name of affiant) (Insert the official title of the affiant)
of Mexos Services, Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

R. Steven Bell
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Inis Simmons
(Title of person authorized to administer oaths)

in the State and County above named, this 21 day of June 2005.



Inis Simmons
(Signature of person authorized to administer oath)